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ABSTRACT

A total of 46 participants representing 35 associations and agencies attended a 3-day national conference designed to provide a working forum to explore issues, roles, and means whereby national organizations and agencies with an interest in the preparation and utilization of health manpower could enhance their effectiveness through collaborative efforts. During small group sessions, participants were to: (1) identify existing situations of concern in the areas of politics and power, manpower data, role definitions, and preparation-utilization, (2) make recommendations for dealing with each situation, and (3) suggest actions for implementing recommendations. Some recommendations were: (1) Remove the U.S. Public Health Service from the Department of Health, Education, and Welfare to insure more effective leadership, (2) Establish a central data agency to permit more reliable and current collection and dissemination of health manpower data, (3) Develop national minimal performance-based standards for the health fields, and (4) Provide exploratory opportunities and information for individuals contemplating careers in the health field so that their career decisions can be based on adequate information and experiences. (SB)

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national invitational conference to promote collaborative efforts for health manpower preparation and utilization

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NATIONAL INVITATIONAL CONFERENCE TO PROMOTE COLLABORATIVE EFFORTS FOR HEALTH MANPOWER PREPARATION AND UTILIZATION

(Summary Report)

O'Hare Inn
Chicago, Illinois
May 1-3, 1972

Co-sponsored By:

American Vocational Association
Health Occupations Education Division
1510 H Street, N.W.
Washington, D.C.

and

National Health Council
1740 Broadway
New York, N.Y.

Summary Report

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BACKGROUND

Individuals and organizations with an interest in, and a commitment to, quality health services and the preparation of qualified health care personnel have a number of common concerns. Most recognize that rapid changes will continue to occur in the health field, changes that will require the energies and resources of all interested individuals and organizations. In recent years, new health specialties and organizations have emerged at a rapid pace and many individuals hold multiple memberships and affiliations in order to keep informed and to relate with others in the health field.

Increasingly, comments and actions of these groups have reflected the need and desire for a mechanism through which common interests could be explored. Some groups already have established a committee or task force to initiate progress toward such liaison activities. Most agree that yet another organization is not what is needed; rather, ways and means should be found to work together more effectively. It was with this spirit of collaboration that the National Health Council and the American Vocational Association, Health Occupations Division, cooperated to make possible a forum where representatives of a number of national organizations and agencies could come together in a working conference to explore mutual concerns and activities.

Any group or combination of groups attempting to facilitate such a forum faces numerous difficult decisions. The co-sponsors took responsibility for the overall planning and arrangements fully aware that cooperation and involvement could only come with the full participation of those in attendance. Accordingly, the conference format was designed to facilitate maximum cooperation and involvement of participants.

PURPOSE

This National Conference provided a working forum to explore issues, roles and means whereby national organizations and agencies with an interest in the preparation and utilization of health manpower could enhance their effectiveness through collaborative efforts.

PARTICIPANTS

It was planned that the number of conferees be limited in order to achieve a true working forum. Therefore, invitations were extended only to organizations and agencies having multiple interests; e.g.,

occupational levels, specializations or other similar classifications. It was intended that participants include not only members of associations, but staff personnel as well.

The 46 participants, representing some 35 different associations and agencies, comprised a voluntary, interested, concerned and knowledgeable group. With the understanding that no participant represented his or her organization or agency in an official capacity, there was a high degree of willingness on the part of each individual to identify existing situations and circumstances needing the collaborative attention of their respective organizations and agencies in matters related to the health field. Conspicuously absent were the traditional vested interests and the tendency to dwell for an undue length of time on any one specific issue or concern. This purveyed a working climate enhancing the input of all conferees; they interacted exceptionally well and, as a group, were agreeably productive.

CONFERENCE PROCEEDINGS

The Conference consisted of three scheduled sessions:

Session I

a. Orientation of, and challenge to, the total group, and a charge for small group discussions.

b. Small group discussions to identify situations and circumstances needing a collaborative approach.

Session II

a. Report to total group, by the panel of three moderator/coordinators, of the composite of identified situations and circumstances.

b. Small group in-depth discussions to make recommendations and suggest specific actions for each identified situation or circumstance.

Session III

a. Report to the total group, by the panel of three moderator/coordinators, of the composite of recommendations and suggested specific actions.

b. Review, refinement and finalization of recommendations and suggested specific actions by the total group acting as a "committee of the whole."

Following the opening presentation which charged the conferees to "let your hair down and discuss the real issues," the small group discussions identified a variety of situations or circumstances which grouped readily into four broad areas, each area having several sub- or related aspects:

I. POLITICS AND POWER

1. What is meant by "national"?
2. What are "needs" vs "demands"?
3. How can articulation between educational programs be facilitated?
4. What about public vs private institutions?
5. What types of care are involved (preventive, acute, chronic)?
6. How about phasing out programs that are no longer needed?
7. How can geographic distribution of personnel be facilitated?
8. Where does accountability lie?

II. MANPOWER DATA

1. Is there information on all levels of personnel?
2. Is there currency in information available?
3. Is the information available valid?
4. Is there a relationship between numbers and needs?
5. Can a clearinghouse for information be developed? Under whose direction?
6. Are manpower data being used as a basis for determining funding of programs?
7. What about recruitment?
   a. Flow of information to counselors
   b. Flow of students into programs

III. ROLE DEFINITION

1. Can there be flexibility?
2. Can there be versatility?
3. Is the task basis in congruence with reality?
4. Can core/cluster of tasks be identified?
5. Is there provision for a career ladder?
6. What about social/economic status?
7. What is the nature of the health care team?

IV. PREPARATION-UTILIZATION

1. What can be done about under-utilization; over-education?

2. What are the relationships among institutions providing components of preparation?
3. What can be done about the time-lag between identified need and curriculum development?
4. Is service part of education?
5. What are the relationships and input with regard to:
   a. Students
   b. Practitioners
   c. Educators
   d. Consumers
6. Placement of students. Can this be facilitated by proficiency examinations?

DEFINITIONS

Early in the conference, the total group identified its need to agree on a mutually acceptable definition of the terms "national," "demand," and "need." Definitions agreed upon are as follows:

A. national - "refers to those organizations, agencies and institutions that influence the well-being of as many individuals as possible within the demographic boundaries of the U.S. and its territories. National health significance is related to the interests and goals upon which there has been general agreement on this broad basis. The term "national" is not to be equated with the term "federal" which often implies governmental control. There must be a realistic realization that each state has its own unique characteristics and policies, and that individually and collectively they have definite influence on national policy."

B. demand - "employment opportunities actually available in the market place."

C. need - "the ideal rate of employment deemed necessary to provide optimum health services."

With regard to program planning and development, the terms "demand" and "need" must be differentiated clearly.

CONTEXT AND INTERPRETATION OF THE CONFERENCE SUMMARY

The format for recording group discussions was designed to elicit from participants: (1) existing situations or circumstances of concern, (2) recommendations for dealing with each situation or circumstance, and (3) suggested actions for implementing these recommendations.

The remainder of this report documents the situations and circumstances identified as needing collaborative attention, resultant related recommendations and suggested actions, and three unanimously accepted resolutions pertaining to specific concerns which the participants felt should be given immediate attention in order to achieve continuity and pursue further action.

The limit of time prevented in-depth discussion of each of the many situations and circumstances of concern identified by the participants. This report records only those topics given primary attention.

POWER AND POLITICS

Situation/Circumstance	Recommendations	Suggested Actions
The entire area of health needs more effective national leadership.	Remove the U.S. Public Health Service from the Department of Health, Education and Welfare.	Establish a new unit, the Department of Health, with the administration in a cabinet level position, i.e., Secretary of Health.
In planning for the preparation of health care personnel, local needs must be considered. Yet, some general guidelines are needed to enhance coordination at state and federal levels to the degree that wasteful duplication of efforts will be avoided and that adequate health care for all communities will be assured.	In order to organize planning for health career education programs, all health related federal funds should be granted through a state commission.	All states should be required to establish a state-level commission which works closely with health professional and occupational organizations, educators, employer and official accrediting bodies.
Numerous problems deter achieving articulation between the various types and levels of health career education programs.	State legislatures, as providers of public funding, should scrutinize educational programs to determine if there is effective articulation between secondary, community college, vocational education, baccalaureate and higher degree programs.	A major criterion in determining allocation of funds for programs in health careers should be the degree to which articulation between the various types and levels of health career education is demonstrated definitively. State conferences on articulation should be held under the sponsorship of the appropriate state agency.

MANPOWER DATA

Situation/Circumstance	Recommendations	Suggested Actions
Present methods of collecting and disseminating health manpower data at state and national levels lack the reliability and currency necessary to permit optimal effectiveness in planning for the preparation and utilization of health care workers.	That a central data agency be established at state and national levels; e.g., in the states these could be the Type A Comprehensive Health Planning Agencies and at the national level, the Division of Manpower Intelligence.	Promote legislation regarding the collection, dissemination and coordination of health manpower data. Utilize resources of all appropriate associations and agencies through collaboration. Occupational and professional organizations have a responsibility to provide accurate information.
There is need for a central source of constantly available accurate, up-to-date information to be utilized: *as a base for program development *to project needs of the future *enhance maximum utilization of prepared health manpower *to promote realistic recruitment *to affect improved geographic distribution of workers *to provide information for counselors and guidance personnel	That the federal government develop a standard format for the collection of manpower data which include information on: *educational programs *student enrollments *graduates *service agency needs *number employed *existing employment opportunities *functions performed by health care personnel That there be developed a mechanism for informing institutions	Regional conferences should be set up to enable local and state personnel to contribute to the development of this format and relate their reactions back to the Division of Manpower Intelligence. Data should be analyzed regarding current and projected factors and used as a base for budgeting and allocation of funds. Improve the flow of this information to guidance and counselor personnel in order to enhance

Situation/Circumstances	Recommendations	Suggested Actions
*to evaluate impact of projects on the educational and delivery systems.	as to how and when they can seek to obtain federal funds.	their effectiveness in working with potential health care personnel. Set up state or regional conferences to provide opportunity to obtain information on availability and sources of federal funds for health career education. Establish a national level clearinghouse for information on existing federal funding programs. The National Health Council, in collaboration with other health related groups, should provide leadership in the establishment of this central clearinghouse.

ROLE DEFINITION

Situation/Circumstance	Recommendations	Suggested Actions
Rapid growth and changes in the health care industry have resulted in a proliferation of health careers and specialties and a burgeoning in the number and types of educational programs which prepare health care personnel.	Exercise caution in establishing new health careers and specialties based on job titles alone. Thoroughly examine existing educational programs for health careers and current practices in the utilization of prepared personnel before establishing new careers and specialties, and additional preparatory programs.	Thoughtfully consider existing national, state and local demands for health care personnel. When establishing educational programs, use the task-oriented approach and behavioral or performance objectives. Develop curricula that are flexible, rather than direct all efforts to establishing a "core" curriculum, the feasibility of which is being questioned by many educators. Involve employers in curriculum planning.
There is a lack of common definitions of roles of health workers.	There should be developed national minimal performance-based standards agreed upon by appropriate agencies and organizations.	Conduct task analyses of the roles of health workers through cooperation of institutions providing health care and the professions involved. Identify cores of skills and knowledge related to several fields.

ROLE DEFINITION (Continued)

Situation/Circumstance	Recommendations	Suggested Actions
		Study and examine roles of personnel in new types of health care services, e.g., neighborhood centers. Support controlled experiments in preparing personnel for defined roles. Encourage national associations to hold frequent meetings, seminars and institutes to keep continually aware of, and involved in, such experiments and studies, building on previous efforts. Examine implications for student health organizations.
Current program accreditation procedures and requirements for licensure and certification of health workers prevent flexibility in roles.	Encourage demonstration pilot programs which prepare health workers with multi-disciplinary roles.	Federal funds should be provided to develop these pilot programs. Certifying and accrediting bodies should be made aware of, and involved with, the development of "new" multi-disciplinary roles.

ROLE DEFINITION (Continued)

Situation/Circumstance	Recommendations	Suggested Actions
There are a variety of interpretations of the meaning of continuing education and its application to health careers.	Opportunities for continuing education should be expanded not only to help prepared workers keep abreast of new techniques and knowledge in their fields, but also to provide a legitimate mechanism through which a health worker may achieve career mobility.	Conduct continuing education in approved educational systems. Encourage use of University Extension and closed circuit T.V. Grant appropriate credit for the types of continuing education that provides opportunity for career mobility. Encourage inservice continuing education.
There appears to be a lack of recognition of the contribution made by private (commercial) educational institutions and the assistance they need if they are to be in the mainstream of health careers education.	Rules, regulations and standards should be established for private (commercial) schools.	Professional organizations should collaborate with private (commercial) schools to aid them in establishing rules, regulations and standards.

PREPARATION-UTILIZATION

Situation/Circumstance	Recommendations	Suggested Actions
There appears to be a lack of realistic relationship between curriculum and practice.	Practitioners, employers and students should provide input into health career education programs.	Conduct each educational program with the benefit of an advisory committee representative of employers, practitioners, students, consumers and health career educators. Involve students in curriculum development and revisions, admission procedures and faculty evaluation. Encourage health care educators to return periodically to work in a clinical agency in order to update their skills and become familiar with current health care practices. Encourage academic institutions to accept this work experience as professional growth units. Provide consumers with a mechanism by which they can evaluate health care delivery and the educational product. (Consumers Review Board-Community ombudsman).

PREPARATION-UTILIZATION (Continued)

Situation/Circumstance	Recommendations	Suggested Actions
There is a lack of recognition of competencies gained prior to employment experience, and a feeling that knowledge gained outside the educational setting is not meaningful.	Organizations, institutions and agencies involved with the preparation and/or credentialing of health personnel should recognize the value of employment and other informal experience and develop ways to equate it with academic achievement.	Expand the use of proficiency examinations such as those currently being developed by Educational Testing Service. Educational institutions should grant academic credit for experience upon satisfactory evaluation. Encourage professional organizations to support use of such evaluation techniques and assist in their development.
Many institutions under-utilize individuals who many times are over-educated for specific positions. The reverse is also true.	Education should be responsive to the needs of society, as well as provide leadership.	Regulations and interpretations of the various licensing acts should be examined. The purpose and process of licensure should be examined to determine whether, in fact, they function for the protection of the consumer or in actuality to protect health professionals. Provide programs in which team members learn together, including more than one discipline.

PREPARATION-UTILIZATION (Continued)

Situation/Circumstance	Recommendations	Suggested Actions
		Develop programs that are performance-based.
		Utilize a greater degree of consumer input to program development and operation.
Most students have insufficient knowledge and experiences on which to base sound career decisions.	Individuals contemplating careers in the health field should have the opportunity to explore several fields and make a career choice based on adequate information and experience.	Use multiple approaches, i.e., summer jobs, volunteer experience, films, career exploration labs, help of hospital auxiliary, advisory committee.
		Provide opportunity for early explosure-experience in health service settings to individuals exploring or preparing for a health career.
		Provide structured, accurate experiences in the clinical setting.
		Use core approach as means of sampling many health fields.
	Seek solutions to related and inherent problems; liability, pay or not to pay, adequate	Avoid exploitation of either patient/client or student.

Situation/Circumstance	Recommendations	Suggested Actions
	length of time, adequate learning experiences.	Support the concept of Career Education espoused by Sidney P. Marland, U.S. Commissioner of Education. (This concept encompasses education at all levels from early childhood through adulthood and is based on the development of self awareness, and occupational orientation, exploration and preparation).

RESOLUTIONS

Resulting from discussions throughout the conference, participants as a "committee-of-the-whole" unanimously adopted the following four resolutions:

Resolution I

That the National Health Council appoint an ad hoc committee to explore the feasibility of creating a national health manpower study commission. The ad hoc committee should be composed primarily of participants of this conference and others with broad interests in national health manpower and utilization concerns.

In the exploration of the feasibility, the ad hoc committee shall explore funding sources, commission membership, commonalities of concerns, parameters of the study, and duration of the commission. It is anticipated that the commission would develop national policies and goals that can be commonly accepted and implemented by all national organizations and agencies, both public and private. The feasibility study by the ad hoc committee should be completed prior to January 1, 1973.

Resolution II

In order to capitalize on the advertising campaign currently being initiated by the National Health Council to clarify and expand public understanding of the health career field, it is recommended that the content:

A. strongly promote health careers in the full scope of the field, in well care (preventive/health maintenance) as well as sick care (curative, restorative, custodial) in relationship to the now recognized need for comprehensive health care for all individuals;

B. emphasize the existing maldistribution of manpower rather than numbers;

C. encourage individuals to explore a variety of health occupations at all levels of preparation before making a final career choice;

D. involve school counselors as primary sources of health career information.

It is further recommended that: (1) a representative council be appointed to advise the NHC-Advertising Council Health Careers Campaign, and that this council be representative of health agencies, health professionals, counselor organizations (primary, secondary, higher education) consumers, students and health careers educators; (2) provision be made for the inclusion of information relative to manpower demands in specific geographic areas; (3) the campaign promote the dignitary of all workers on the health team.

Resolution III

It is acknowledged that the promotion of collaborative efforts for health manpower preparation and utilization is a major challenge of our day and time. It is further acknowledged that, traditionally, "minority peoples" have been excluded from planning processes which structure bridges for inclusion of "minority people" in the cadre of health manpower personnel in any state, region and, indeed, the nation.

Therefore, it is suggested for action at the state, regional and national levels, that private (non-profit and proprietary) and public, formal and informal, professional and voluntary organizations implement corrective measures to assure broader representation of types and kinds of people, (not to be misconstrued as token representation) thus expanding the base of mind-power and reflecting a much more wholesome and realistic planning-operating procedure.

Resolution IV

That the National Health Council and American Vocational Association should assume primary responsibility both for the distribution of this conference report and for the preparation of a professional press release to be submitted to appropriate journals and other publications, and that appropriate government, health care delivery agencies, educational institutions and professional associations be provided with the information pertinent to their involvement in implementation.

Suggested Recipients:

1. Comprehensive Health Planning Agencies
2. Regional Medical Programs
3. State Health Departments
4. State Boards of Education and Higher Education
5. Vocational Education Advisory Committees (National and State)
6. All groups represented by participants
7. All known Health, Medical Organizations
8. Congressmen, Representatives (federal and state) and related committees

9. Common Cause
10. State Supervisors of Health Occupations Education
11. State Directors of Vocational Education
12. Federal Agencies

This Conference Summary represents the consensus of the total group of participants who functioned as an assembly of concerned individuals. It reflects statements and positions of participants, as individuals; therefore, no attempt should be made to interpret any statement as representing the view of a specific association, agency or institution.

The major objective of the Conference was achieved: it brought together a wide range of representatives to exchange information and to focus on common concerns. The group agreed that continuing efforts in this direction should be facilitated at an increased level.

The Conference was a success in its own right. If it contributes to continuing and increased efforts, the benefit to all concerned can be multiplied many times over.

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